

# Healthy Child Care America



## Blueprint for Action

Sponsored by :

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- Child Care Bureau, Administration for Children and Families
- Maternal and Child Health Bureau, Health Resources Services Administration

0  
8  
3  
43  
96



HQ  
778,63  
.H43  
1996

# Healthy Child Care America



## Blueprint for Action

### **Sponsored by**

U.S. Department of Health and Human Services

Child Care Bureau

Administration on Children, Youth and Families

Administration for Children and Families

### **and the**

Maternal and Child Health Bureau

Health Resources and Services Administration

Public Health Service

*Information for this publication was compiled by the National Center for Education in Maternal and Child Health under its cooperative agreement (MCU-117007) with the Maternal and Child Health Bureau, in support of an intra-agency agreement between the CCB and MCHB.*



# Table of Contents

---



Acknowledgments .....	<i>iv</i>
Acronyms .....	<i>v</i>
Definitions .....	<i>vi</i>
Introduction .....	<i>vii</i>
Background .....	<i>viii</i>
“How to” Use the Blueprint for Action .....	<i>x</i>
Blueprint for Action .....	<i>1</i>
Action Step One .....	<i>5</i>
Action Step Two .....	<i>9</i>
Action Step Three .....	<i>13</i>
Action Step Four .....	<i>19</i>
Action Step Five .....	<i>23</i>
Action Step Six .....	<i>27</i>
Action Step Seven .....	<i>31</i>
Action Step Eight .....	<i>35</i>
Action Step Nine .....	<i>39</i>
Action Step Ten .....	<i>43</i>

# Acknowledgments

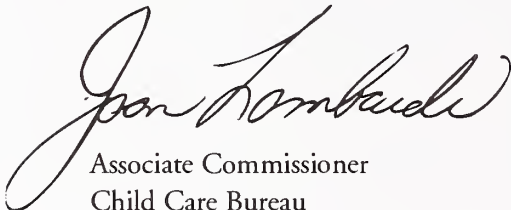
---

The collective efforts of many expert early childhood professionals and health professionals have made this valuable document possible. The Child Care Bureau (CCB) and the Maternal and Child Health Bureau (MCHB) would like to extend our sincere appreciation to everyone who has been part of this endeavor. We would like to thank the preliminary planning members whose efforts helped to launch the National Child Care Health Forum and the Healthy Child Care America Campaign. In addition, our sincere appreciation goes to the over 180 participants who attended the National Child Care Health Forum in May 1995, and who shared with us their visions for healthy child care in America.

A heartfelt thanks goes to all those who contributed their time and expertise in reviewing the Healthy Child Care America documents. These skilled reviewers provided many valuable recommendations. We acknowledge the special contributions of those individuals and organizations who provided the example and resource information found in this document. Finally, we are particularly grateful to all of the enthusiastic and dedicated individuals, communities, organizations, and States who have made, and will continue to make, strong commitments in support of the Healthy Child Care America Campaign.

For additional information on the Healthy Child Care America Campaign please contact Moniquin Huggins, Child Care Bureau, (202) 690-5641, or Jane Coury and Phyllis Stubbs-Wynn, Maternal and Child Health Bureau, (301) 443-6600.

*Joan Lombardi, Ph.D.*



Associate Commissioner  
Child Care Bureau  
Administration on Children, Youth and Families

*Audrey H. Nora, M.D., M.P.H.*



Assistant Surgeon General  
Director, Maternal and Child Health Bureau  
Health Resources and Services Administration



# Glossary of Commonly Used Acronyms

---

<b>AAFP</b>	American Academy of Family Physicians	<b>HCFA</b>	Health Care Financing Administration
<b>AAP</b>	American Academy of Pediatrics	<b>HMHB</b>	Healthy Mothers, Healthy Babies Coalition
<b>AAPD</b>	American Academy of Pediatric Dentists	<b>HMO</b>	Health Maintenance Organization
<b>ACCH</b>	Association for the Care of Children's Health	<b>HRSA</b>	Health Resources and Services Administration
<b>ACF</b>	Administration for Children and Families	<b>IDEA</b>	Individuals with Disabilities Education Act
<b>ACYF</b>	Administration on Children, Youth and Families	<b>IEP</b>	Individualized Education Plan
<b>ACIP</b>	Advisory Committee on Immunization Practices	<b>IFSP</b>	Individualized Family Service Plan
<b>ADA</b>	American Dental Association	<b>IHS</b>	Indian Health Service
<b>ADA</b>	Americans with Disabilities Act	<b>MCH</b>	Maternal and Child Health
<b>ADH</b>	Association of Dental Hygienists	<b>MCHB</b>	Maternal and Child Health Bureau
<b>AFDC</b>	Aid to Families with Dependent Children	<b>NACCRRRA</b>	National Association of Child Care Resource and Referral Agencies
<b>AMCHP</b>	Association of Maternal and Child Health Programs	<b>NAEYC</b>	National Association for the Education of Young Children
<b>ANA</b>	American Nurses' Association	<b>NAPNAP</b>	National Association of Pediatric Nurse Associates and Practitioners
<b>APHA</b>	American Public Health Association	<b>NCEMCH</b>	National Center for Education in Maternal and Child Health
<b>CCB</b>	Child Care Bureau	<b>NIH</b>	National Institutes of Health
<b>CCR&amp;R</b>	Child Care Resource and Referral Agency	<b>SSI</b>	Supplemental Security Income
<b>CDC</b>	Centers for Disease Control and Prevention	<b>UAP</b>	University Affiliated Program
<b>CSHN</b>	Children with Special Health Needs	<b>USDA</b>	U.S. Department of Agriculture
<b>CSN</b>	Children's Safety Network	<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants and Children
<b>DHHS</b>	U.S. Department of Health and Human Services		
<b>ECELS</b>	Early Childhood Education Linkage System		
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic and Treatment		

# Definitions

---

## **AFDC—Aid to Families with Dependent Children**

This federally financed program is designed to provide welfare assistance for single-parent families.

## **EPSDT—Early and Periodic Screening, Diagnostic and Treatment**

This mandated Medicaid program is intended to be the key component in the Medicaid program's provision of health care to children. EPSDT services are required to include, at minimum, a comprehensive health and developmental history, comprehensive physical examination, appropriate immunizations, laboratory tests, and health education.

## **Part H of the Individuals with Disabilities Education Act (IDEA)**

This program assists jurisdictions in developing statewide systems of early intervention services for children ages birth to 3 years who have disabling conditions or who are at risk for developmental delay.

## **Medicaid**

This Federal-State financed program, authorized in Title XIX of the Social Security Act, provides medical assistance for persons of low-income status. Medicaid was enacted through the same legislation that established the Medicare program.

## **SSI—Supplemental Security Income**

This Federal cash assistance program is available nationwide to persons of low-income status who are elderly, blind, or disabled.

## **Title V of the Social Security Act**

The Maternal and Child Health Services Block Grant, authorized in Title V of the Social Security Act, is the only federally funded authorized program devoted exclusively to maternal and child health. State Title V Block Grant programs support services that maintain the health of all families.

## **WIC—Special Supplemental Nutrition Program for Women, Infants and Children**

This program provides food supplements and nutrition education to pregnant and breastfeeding women and to their infants and young children who are considered at nutritional risk due to level of income and evidence of inadequate diet.



# Introduction

---

In many communities around the country, innovative projects are forging new ground to ensure that children are in healthy and safe child care environments. These communities recognize that the public health community can combine efforts with the early childhood community in order to create the best care for the millions of children in child care. To reinforce these efforts and to stimulate others nationwide, two Federal agencies, the Child Care Bureau and the Maternal and Child Health Bureau, have joined forces to launch the Healthy Child Care America Campaign.

The Healthy Child Care America Campaign was “kicked off” on May 10–11, 1995, as Donna Shalala, Secretary of the U.S. Department of Health and Human Services, opened the National Child Care Health Forum. The Forum brought together health professionals and early childhood professionals from localities, States, and national organizations and agencies. Together they framed the Blueprint for Action, developing 10 steps communities can take to promote healthy and safe child care.

Communities around the country are encouraged to launch their own Healthy Child Care Campaign, building on the Blueprint, yet focusing on locally determined priorities and goals. The Blueprint presents important steps that communities can take to forge linkages between child care and health, such as strengthening nutrition services or increasing immunization coverage in child care. Communities may choose to take action in all 10 areas or may focus their efforts on areas of particular interest.

The Action Step Strategy Sheets, Resources, and Examples provide possible strategies that communities can use to implement particular action steps. The strategies can be used by child care providers, health providers, families, child care regulators, policymakers, and businesses, as well as by child care resource and referral agencies.

There are already many examples from which to learn. Some communities have created health “warmlines” linking child care providers with an on-call health care provider who is familiar with the particular needs of children in child care. Other communities have involved health professionals in their licensing and monitoring process. Rural areas have accessed health and safety training through satellite linkages. Medicaid has funded outreach efforts among child care networks in order to enroll eligible children in the program. The Healthy Child Care America Campaign will help to inform communities and share these promising practices.

The Child Care Bureau will provide information, coordination, and technical assistance for the Healthy Child Care America Campaign. For further information, contact:

*Child Care Bureau, Administration on Children, Youth and Families*  
200 Independence Avenue, Room 320-F, Washington, DC 20201  
Phone: (202) 690-5641  
Fax: (202) 690-5600

We look forward to working with you on this national campaign.

# Background

---

The Healthy Child Care America Campaign and the Blueprint for Action are the result of a strong shared vision of the Child Care Bureau and the Maternal and Child Health Bureau. This vision is two-fold: (1) Create and maximize linkages between health care providers and the child care community; and (2) develop comprehensive and coordinated services to benefit children across the country.

The Child Care Bureau, located within the Administration on Children, Youth and Families (ACYF), U.S. Department of Health and Human Services, was established in January 1995. The establishment of the Bureau brought together four existing child care programs to provide a focal point for child care at the Federal level. The Child Care Bureau is dedicated to enhancing the quality, affordability, and supply of child care for all families. The Child Care Bureau administers Federal funds to States, Territories, and Tribes to assist low-income families in accessing quality child care for children while parents work or participate in education or training.

The Maternal and Child Health Bureau, located within the Health Resources and Services Administration, U.S. Department of Health and Human Services, has existed for more than 80 years. MCHB first included health and safety in child care settings as a funding priority in 1984. Since that time, MCHB has launched major efforts to support health and safety in child care, such as a collaboration with the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) to develop National Health and Safety Performance Standards for Out-of-Home Child Care Programs, and the creation of the National Resource Centers for Health and Safety in Child Care.

In January 1995, CCB and MCHB joined together to plan a conference that would promote the healthy development of children in child care and encourage linkages between health and child care providers. This conference, the National Child Care Health Forum, introduced the Healthy Child Care America Campaign.

A planning meeting for the conference was held in early January 1995. Representatives from the following organizations attended the planning meeting: MCHB, ACYF, Centers for Disease Control and Prevention (CDC),

Indian Health Service, AAP, National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), National Association of Child Care Resource and Referral Agencies (NACCRRA), Association of Maternal and Child Health Programs (AMCHP), and APHA.

Planning meeting participants were asked to provide feedback on a preliminary draft of the Blueprint for Action and to suggest the agenda and format for the conference. The planning group determined that the Blueprint should serve as a working document that would provide guidance to communities. Structured in such a way that communities could adapt the document to meet individual and group needs, the Blueprint presents action steps that communities can take to support families, health care providers, and child care providers in caring for children. The purpose of the National Child Care Health Forum was to deliver the message of the importance of healthy child care in America and to serve as a launching pad for the Healthy Child Care America Campaign.

Working with CCB and MCHB, the planning group developed a draft Blueprint for the Forum. The partnership between CCB and MCHB and the participants at the planning meeting continued to grow following the January meeting, as additional organizations were invited to participate in the Forum.

The 180 participants of the National Child Care Health Forum, all experts in the area of health and safety in child care, contributed their suggestions for revising the Blueprint for Action draft into the document now being disseminated. The Blueprint for Action is not meant to be static, but rather a dynamic document that can be adapted and used as needed within a community. Most important, the Blueprint for Action, along with suggested strategies, resources, and examples for implementing the action steps, is a document to assist communities with the development of healthy child care and partnerships among families, health care providers, and child care providers.

It will be exciting to see partnerships taken to another level as we work together to promote health in the lives of children. Every day provides an opportunity to become involved; every day we can all make a difference.

# “How to” Use the Blueprint for Action

---

The Healthy Child Care America Campaign materials consist of the Blueprint for Action, Strategy Sheets, and Examples and Resources information. The action steps, as well as strategies for implementing these steps, have been suggested by experts in the fields of child care and health care. Please consider and use these steps and strategies, prioritizing them for use within your own community. You may want to add to or change the steps and strategies to fit more closely with the needs of your community. “First Steps” (Action Steps, left column) provides strategies for those who may be looking for initial ways to become involved. “Use Partnerships to Enhance Systems” (right column) contains suggestions for those who would like to enhance their involvement. The examples and resources are offered as a sampling of additional information available to inform discussion and implementation in communities. The materials can be used by child care providers, health care providers, families, child care regulators, policymakers, businesses, child care resource and referral (CCR&R) agencies, and the public health community, as well as by anyone striving to improve the healthy development of children.



# Blueprint for Action



Every day, millions of our young children leave home to spend part or most of their day in some type of child care setting. Children participate in child care in a variety of settings, such as child care centers, family child care homes, or in-home care, at various hours of the day. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). By the year 2000, 75 percent of women with children under 5 years of age will be employed—and in need of child care.

The Healthy Child Care America Campaign is based on the principle that families, child care providers, and health care providers in partnership can promote the healthy development of young children in child care and increase access to preventive health services and safe physical environments for children. Linking health care providers, child care providers, and families makes good sense—for maximizing resources, for developing comprehensive and coordinated services, and, most important, for nurturing children.

The purpose of this Blueprint for Action is to provide communities with steps they can take to either expand existing public and private services and resources or to create new services and resources that link families, health care, and child care. Communities using the Blueprint for Action are encouraged to identify their own needs and to adapt the steps within the document as needed. The 10 steps are not prioritized; communities can determine which step(s) should be implemented.

There are no quick and easy solutions to the challenges that families, child care providers, and health care providers face today in providing for and ensuring the healthy development of children. It is important that these three groups work together to expand and create partnerships. The Blueprint for Action will help communities as they set priorities and goals that will lead to healthier child care in America.

## Goals

- \* Safe, healthy child care environments for all children, including those with special health needs
- \* Up-to-date and easily accessible immunizations for children in child care
- \* Access to quality health, dental, and developmental screening and comprehensive followup for children in child care
- \* Health and mental health consultation, support, and education for all families, children, and child care providers
- \* Health, nutrition, and safety education for children in child care, their families, and child care providers

# 10 Steps that Communities Can Take to Promote Safe and Healthy Child Care

## one

Promote safe, healthy, and developmentally appropriate environments for all children in child care.

Responsive caregiving must take place within a setting that is consistently safe and supportive. In a safe, nurturing, highly interactive setting, whether this is a family home or a center, children feel confident to fully explore and experience their environment free from injury or harm. Safe, secure transportation of children to and from the setting should also be ensured. Families should receive information about quality so they can make informed child care choices.

## two

Increase immunization rates and preventive services for children in child care settings.

Although immunizations have dramatically reduced the incidence of many infectious diseases, we have recently witnessed outbreaks of serious infection because too many of our young children have not been fully immunized. Only 53 percent of all 2-year-old children nationally have been immunized; in licensed child care facilities, however, 94 percent of the children have been immunized—demonstrating the critical contribution of child care settings as an access point for children’s health services. To increase immunization rates, both families and providers should receive information on resources.

## three

Assist families in accessing key public and private health and social service programs.

Millions of young children from low-income working families lack health insurance and could benefit from assistance programs such as Medicaid and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Since children of working parents are likely to be cared for in some type of early childhood setting, child care providers can help families learn about Medicaid and WIC benefits, as well as Title V of the Social Security Act, Part H of the Individuals with Disabilities Act (IDEA), Supplemental Security Income (SSI), and other Federal and State programs.

## four

Promote and increase comprehensive access to health screenings.

Many young children have undetected health conditions that, if untreated, could result in serious injury or illness. Child care programs can provide a key access point for conducting health and dental screening, including evaluation and referrals for conditions such as lead poisoning, impaired vision or hearing, and baby bottle tooth decay. Developmental screenings are also important components of comprehensive services. Recognizing and treating potentially harmful conditions earlier rather than later is not only more effective and less costly, but can prevent future problems.



## five

Conduct health and safety education and promotion programs for children, families, and child care providers.

Promoting the safety and the healthy growth and development of our children is a responsibility shared by all. Health care and child care providers working closely together can share information and training with staff and parents on issues such as immunization, injury prevention, physical fitness, and recognition of illnesses and developmental difficulties. Child care providers, in partnership with others, can also provide information on preventing deaths and injuries caused by car crashes, drownings, fires, suffocation, poisoning, and falls. When children learn early the importance of personal hygiene practices such as brushing their teeth or washing their hands properly, and safety practices such as what to do in case of a fire, these lessons can lead to good health and safety habits that last a lifetime.

## six

Strengthen and improve nutrition services in child care.

Nutrition education and health promotion programs help to inform families and providers of the nutritional needs of all young children. When young children share nourishing meals and snacks together, they grow healthier, think more clearly, explore their world eagerly, develop language and social skills, and feel comforted and cared for. The developmental, cultural, and emotional needs of children should be considered in menu planning.

## seven

Provide training and ongoing consultation to child care providers and families in the areas of social and emotional health.

Child care programs can promote healthy social and emotional development by informing and guiding child care providers and families in ways that encourage sensitive and age-appropriate care. They also can contribute to early identification and intervention with children who reflect the ill effects of exposure to violence, substance abuse, child abuse and neglect, or other emotional and behavioral problems. It is important to make more mental health services available to child care communities so that families and child care providers can take advantage of opportunities to enhance the social and emotional health of children.

## eight

Expand and provide ongoing support to child care providers and families caring for children with special health needs.

Passage of the Americans with Disabilities Act (1992) has significantly strengthened access to child care for children with special health needs or developmental disabilities. Child care providers and families need ongoing training, technical assistance, mentoring, and consultation to care for children with special needs, ranging from helping children with asthma or diabetes to assisting children in wheelchairs or those with developmental delays or disabilities. Providers and families also need information and resources concerning how the Americans with Disabilities Act will impact child care programs in areas such as inclusion of children with special needs in programs, eligibility for services, and removal of barriers in facilities.

## **nine**

Use child care health consultants to help develop and maintain healthy child care.

Health care providers can play a vital role in the training of child care staff, as well as in the licensing, monitoring, and evaluation of child care facilities. Child care health consultants can provide guidance and assistance on a range of issues affecting the health and safety of children. These can be as fundamental as helping staff determine ideal placement for eating areas and diaper changing tables in facilities, or as technical as performing onsite assessments of hygiene and safety practices and assisting in developing licensing standards. Trained child care providers who are informed about preventive health care and safety practices and resources can promote the healthy development of children and reduce illness and injury in child care settings.

## **ten**

Assess and promote the health, training, and work environment of child care providers.

A healthy child care setting and continuing education in the health and safety of children and staff can help providers in meeting day to day challenges. Avoiding back injury, reducing risk of infectious disease, and scheduling adequate rest breaks can enhance job satisfaction and the overall well-being of child care providers. Healthy staff provide the best care for children.

# 1 Action Step One

---

## **Promote safe, healthy, and developmentally appropriate environments for all children in child care.**

Responsive caregiving must take place within a setting that is consistently safe and supportive. In a safe, nurturing, highly interactive setting, whether this is a family home or a center, children feel confident to fully explore and experience their environment free from injury or harm. Safe, secure transportation of children to and from the setting should also be ensured. Families should receive information about quality so they can make informed child care choices.

### **Strategies for Implementing Action Step One**

#### **First Steps:**

- ★ Promote awareness of and disseminate the AAP/APHA National Health and Safety Guidelines for Out-Of-Home Child Care Programs and the Head Start Program Performance Standards.
- ★ Involve parents in promoting safety within the child care program. Example: Hold a playground “clean-up day” and parent meetings on safety practices and awareness.
- ★ Disseminate a list of local health and safety resources and services to child care providers and a list of local child care resources to health providers and clinics.
- ★ Identify health and child care providers who can share information on the importance of safe, quality child care. Example: Use local media (radio stations, newspapers) to acknowledge specific providers or programs dedicated to child health or child care services.

#### **Use Partnerships to Enhance Systems:**

- ★ Establish partnerships with community colleges and/or local educational institutions to conduct workshops on child care health and safety guidelines.
- ★ Create coalitions of health care and child care providers to promote healthy, safe child care.
- ★ Establish a partnership with local CCR&R agencies to inform families about safe, affordable, available child care services in or near the community.
- ★ Conduct outreach efforts that provide training, materials, and support to unregulated providers, and invite them to local training sessions and workshops.
- ★ Involve the local business community in a campaign to promote awareness of joint responsibilities among health care providers, child care providers, and families. Example: Promote and support activities such as health fairs and special outreach efforts.
- ★ Involve local businesses in supporting your local Healthy Child Care Campaign.

## Examples

### **The Child Care Coalition of South Central Connecticut (CCC/SCC).**

Representing a broad range of individuals and agencies interested in children's issues, this organization is concerned with affordable, accessible, quality child care. In addition to center-based and home-based providers, CCC/SCC members include parents, health care providers, social service agencies, and local school districts and businesses. The Coalition receives administrative support from INFOLINE, Connecticut's child care resource and referral service, sponsored by United Way of Connecticut. The CCC/SCC provides a forum for parents and for child care, health care, and human services providers to exchange information and collectively address issues of concern. Building links between child care providers and other providers working with young children and families is a major focus of the Coalition. Activities include advocating for affordable, accessible, quality child care; disseminating information at the local level regarding State and Federal child care policy issues; publishing a newsletter; providing consultation to area businesses regarding employer-sponsored child care options; and conducting workshops on health and developmental issues for child care providers, parents, and health providers. Contact: 419 Whalley Avenue, New Haven, CT 06511.

### **The Atlanta Family Child Care Health and Safety Project, Save the Children Child Care Support Center.**

This project addresses three related issues that negatively impact the health and safety of children in family child care: The large number of unregistered providers; the high turnover rate among registered providers; and the need for information about the most effective ways to train and support family child care providers, especially in their role as a health resource to parents. Project staff help link child care providers with services and organizations that improve and support quality child care. These include the Child and Adult Care Food Program, child care resource and referral agencies, professional provider associations, training opportunities, child care resource rooms, and the child care provider "warmline." Staff also develop and distribute educational health and safety materials, resource guides and health and social service referral information, a pamphlet for parents on choosing child care that meets health and safety standards, and a child health recordkeeping system for child care providers and parents. The project also provides free health and safety training and assistance to low-income providers in meeting health and safety standards. Contact: Atlanta Family Child Care Health and Safety Project, 1447 Peachtree Street, N.E., Atlanta, GA 30309.



## Resources

- ★ **American Public Health Association and American Academy of Pediatrics. 1992. *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Arlington, VA: National Center for Education in Maternal and Child Health. 410 pp.**

This manual is a reprinted version of the publication *Caring for Our Children: National Health and Performance Standards—Guidelines for Out-of-Home Child Care Programs*, published in 1992 by the American Public Health Association. The manual describes standards for planning and establishing a quality program of child care. Ten panels of experts formulated these health and safety standards, which were then reviewed nationally for content and feasibility. They are intended for use by anyone working in the child care system in the United States, including those who direct or work in facilities and those involved in the licensing and regulation of facilities. The standards address the following topics: Staffing; program activities for healthy development; health protection and health promotion; nutrition and food service; facilities, supplies, equipment, and transportation; infectious diseases; children with special needs; administration; and recommendations for licensing and community action. The publication also provides the rationale for each standard, along with comments and resources for obtaining more information. Distinctions are made between standards that apply to child care centers, large family child care homes, and small family child care homes. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **American Academy of Pediatrics. 1995. *Caring for Our Children* [six videocassette tapes].**

This videocassette program was developed in conjunction with the National Association for the Education of Young Children and supported by the AT&T Family Care Development Fund (a joint project of AT&T, the Communications Workers of America, and the International Brotherhood of Electrical Workers). The *Caring for Our Children* videocassette program demonstrates how to comply with various guidelines in the manual and consists of six 30-minute videocassettes: Standards and You (Part One), Basic Caregiving (Part Two), Ready for Anything (Part Three), Setting Up for Healthy and Safe Care (Part Four), Keeping It in Shape (Part Five), and Illness in Child Care (Part Six). Contact: American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098 (800) 433-9016.

- ★ **Aronson S, Smith H. 1993. *Model Child Care Health Policies*. Bryn Mawr, PA: American Academy of Pediatrics, Pennsylvania Chapter. 90 pp.**

These model health policies for all types of out-of-home child care programs were written as a collaborative effort by the Pennsylvania Chapter of the American Academy of Pediatrics, and the Early Childhood Education Linkage System (ECELS) project. Guidelines are provided for proper admission procedures, supervision, and discipline; care of ill children; health plan; handling of medications; emergency and evacuation plans; safety surveillance; transportation; sanitation and hygiene; food handling and feeding; smoking; staff policies; and physical design of facilities. Included are sample forms, checklists, and procedures that can be adapted to reflect site-specific information. The publication also lists conditions requiring immediate medical attention, a table of symptoms of common childhood illnesses, and sample nutritious menus. Contact: CBIS Federal, Inc., 7420 Fullerton Road, Suite 110, Springfield, VA 22153-2852. (800) 443-3742, ED# 364345.

- ★ **Bredekamp S, ed. 1991. *Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs* (rev. ed.). Washington, DC: National Association for the Education of Young Children. 80 pp.**

This manual describes the policies and procedures for accreditation of early childhood group programs for children ages birth through 8 years. The manual presents criteria for high-quality programs in these areas: Interactions among staff and children, curriculums, staff-parent interactions, staff qualifications and development, administration, staffing, physical development, health and safety, nutrition and food service, and evaluation. Appendices contain information on developmental appropriateness, immunizations, and food programs. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (800) 424-2460.

- ★ **Ohio Department of Health and Ohio Department of Human Services. 1993. *Health and Safety in Family Day Care: An Introductory Course for Family Day Care Providers*. Columbus, OH: Ohio Department of Health and Ohio Department of Human Services.**

This training package is designed to increase family child care providers' awareness of their role in creating a safe and healthy environment for children in their care. Six modules are contained within three volumes: Volume I—Communicable disease, home safety, and first aid; Volume II—Food safety and nutrition; and Volume III—Managing children's behavior. Each module presents information on the specific topic, as well as goals, learning objectives, learning strategies, evaluation criteria, and teaching aids and resources. Complete instructions are included to guide the trainer in preparing for the sessions. Contact: National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617. (703) 524-7802. (Available for loan only.)

- ★ **Kendrick AS, Kaufmann R, Messenger KP, eds. 1995. *Healthy Young Children: A Manual for Programs*. Washington, DC: National Association for the Education of Young Children.**

This basic manual is used by programs and providers to promote and protect the health and safety of children, staff, and families in child care programs. The 1995 edition, representing a comprehensive review of current information on health and safety policies and practices, replaces all earlier editions of this publication. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (800) 424-2460.

- ★ **National Association for the Education of Young Children Information Services. 1994. *Child Care and Ill Children and Healthy Child Care Practices*. Washington, DC: National Association for the Education of Young Children.**

This resource guide lists organizations, programs, individuals, and publications on two related topics: Children's health in child care settings and the care of ill children. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (800) 424-2460.



# 2 Action Step Two

## **Increase immunization rates and preventive services for children in child care settings.**

Although immunizations have dramatically reduced the incidence of many infectious diseases, we have recently witnessed outbreaks of serious infection because too many of our young children have not been fully immunized. Only 53 percent of all 2-year-old children nationally have been immunized; in licensed child care facilities, however, 94 percent of the children have been immunized—demonstrating the critical contribution of child care settings as an access point for children’s health services. To increase immunization rates, both families and providers should receive information on resources.

### **Strategies for Implementing Action Step Two**

#### **First Steps:**

- ★ Disseminate immunization schedules and information to child care providers, families, and employers.
- ★ Disseminate the AAP immunization “dose counter” or other effective tools to track a child’s immunization status to child care providers and families.
- ★ Train child care providers and families in using the immunization schedule to determine if a child’s immunizations are up to date.
- ★ Publish and distribute information on places that provide immunizations free of charge or at low cost.
- ★ Inform families about the importance of immunizations in preventing childhood diseases.
- ★ Contact local health clinics about the possibility of offering immunizations at child care settings during evening hours and weekends.
- ★ Encourage States to adopt the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP) at CDC; AAP; and the American Academy of Family Physicians (AAFP).
- ★ Ask local businesses to provide incentives to families/children who are immunized. Example: Free admission to amusement parks, restaurant coupons for children with up-to-date immunization records.

#### **Use Partnerships to Enhance Systems:**

- ★ Contact professional health organizations such as the National Association of Pediatric Nurse Associates and Practitioners, AAP, and local nursing and medical schools about providing, coordinating, or connecting child care programs with immunization services.
- ★ Partner with existing national immunization campaigns such as those sponsored by Kiwanis and Rotary clubs.
- ★ Where available, use statewide immunization registries to track children in need of immunizations. Link immunization records maintained in child care programs to preexisting registries.
- ★ Use child care resource and referral agencies as liaisons between immunization services and child care programs.
- ★ Develop linkages with the CDC State Immunization Regional Outreach Consultant to coordinate community immunization. Contact your local public health department for the number of the outreach consultant.

## Examples

### **Family Child Care Immunization Project, The Center for Health Training.**

This project is developing training and technical assistance concerning immunizations in order to help family child care providers in California comply with immunization regulations. The project has developed training materials on immunizations in family day care, has conducted training on immunizations for family child care providers, and has conducted training for local child care/health consultants on providing assistance to family child care providers concerning immunizations. The project is also analyzing the impact of the educational materials, training, and technical assistance on the caregivers' and parents' knowledge of immunizations and on the children's immunization levels. Contact: 2229 Lombard Street, San Francisco, CA 94123.

### **The Family Center of Washington County.**

In a drive to increase the immunization rates of children, the Rotary Club has become partners with a local child care resource and referral agency to provide education and promotion concerning immunizations. The Rotary Club has helped the CCR&R agency lead an immunization group. At a local mall, the Rotary Club sponsored a booth staffed by the CCR&R agency, and has also sponsored production of education materials such as brochures on immunization. Contact: The Family Center of Washington County, 32 College Drive, Suite 100, Montpelier, VT 05602.

### **Keep on Track, Child Care Resources.**

This project works to help child care providers establish partnerships with families to increase the number of children who are properly immunized in King and Snohomish Counties, Washington State. Keep on Track has developed an immunization kit and has trained public health nurses and Junior League volunteers to teach providers how to use it. The kit includes a parent information brochure, customized immunization chart, Washington State Certification of Immunization Status forms, and other materials. The project supports caregivers' efforts to educate parents concerning the importance of having children immunized on schedule, reporting their children's immunization status to their child care provider, and keeping accurate home records of their children's vaccinations. Keep on Track is administered by Child Care Resources (a CCR&R agency), funded by the SAFECO Corporation, and supported by other partners including the Seattle-King County Department of Public Health; the Healthy Mothers, Healthy Babies project, which administers a toll-free number for immunization information; and Volunteers of America's Child Care Resource and Referral Network, serving Snohomish County. Child Care Resources regularly sent out evaluation cards to measure provider satisfaction with the program, which has been replicated in Spokane. Contact: Keep on Track, 15015 Main Street, Suite 206, Bellevue, WA 98007.

## Resources

- ★ **Aronson SS. 1994. *Immunization Dose Counter*. Bryn Mawr, PA: American Academy of Pediatrics, Pennsylvania Chapter. 2 pp.**

This pamphlet provides health care professionals and parents with guidelines on the schedule and types of vaccines that children should receive. These include diphtheria, tetanus, and pertussis (DTP); polio; Haemophilus b conjugate (Hib); measles, mumps, and rubella (MMR); and hepatitis B. Two recommended regimens of vaccines are presented—one regimen for children whose first vaccinations were given on schedule, the other for those whose first vaccinations occurred late (i.e., later than 1 year of age). The content of this folder was reviewed by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. Contact: American Academy of Pediatrics, Publications Department, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098. (800) 433-9016.

- ★ **Every Child by Two. 1993. *Every Child by Two: A Plan for Action*. Washington, DC: Every Child by Two. 4 brochures, 3 handouts.**

This packet outlines solutions and actions that communities and individuals can take to achieve the goal of having all children immunized by age 2. Other brochures included in the packet address immunization of children through Medicaid, computerized tracking and followup systems, community involvement in immunization programs, and medical homes for all children. Contact: Every Child by Two, 747 Eighth Street, S.E., Washington, DC 20003. (800) 637-0323.

- ★ **National Association of County Health Officials. 1993. *Local Health Department Strategies for Improving Childhood Immunization Rates*. Washington, DC: National Association of County Health Officials. 43 pp.**

This manual assists communities in reaching the *Healthy People 2000* objective of having 90 percent of U.S. children appropriately immunized by 2 years of age. Topics include establishing links with other community agencies; mobilizing community resources; using volunteers in immunization efforts; establishing new immunization sites; providing linguistically and culturally appropriate staff; developing special outreach programs; conducting a public education campaign; developing data systems; collaborating with other agencies to contain costs; developing alternative funding mechanisms; and pursuing legislative changes. Contact: National Association of County Health Officials, 440 First Street, N.W., Washington, DC 20001. (202) 783-5550.

- ★ **American Academy of Pediatrics, Advisory Committee on Immunization Practices, and American Academy of Family Physicians. 1996. *Recommended Childhood Immunization Schedule/United States—January 1996*. *Pediatrics* 97:143–144.**

This schedule lists the recommended childhood vaccines as approved by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians. Contact: American Academy of Pediatrics, Publications Department, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098. (800) 433-9016.





# 3 Action Step Three

---

## **Assist families in accessing key public and private health and social service programs.**

Millions of young children from low-income working families lack health insurance and could benefit from assistance programs such as Medicaid and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Since children of working parents are likely to be cared for in some type of early childhood setting, child care providers can help families learn about Medicaid and WIC benefits, as well as Title V of the Social Security Act, Part H of the Individuals with Disabilities Act (IDEA), Supplemental Security Income (SSI), and other Federal and State programs.

### **Strategies for Implementing Action Step Three**

#### **First Steps:**

- ★ Publish and post key phone numbers for accessing health and social programs.
- ★ Post the phone number and contact information of the local child care resource and referral agency.
- ★ Obtain written materials such as flyers, brochures, and posters to display and distribute to families and child care providers.
- ★ Hold a before- or after-school question and answer session on health programs and services for families.
- ★ Meet with health care providers to discuss providing services to children who are eligible for Medicaid. Example: In some instances, services can be provided in child care settings.
- ★ Use joint application forms (Medicaid, Title V, WIC), which may be available in some States for key programs.

#### **Use Partnerships to Enhance Systems:**

- ★ Use child care resource and referral agencies to identify families in need of health and social service programs when doing intake, and to provide information about available services.
- ★ Provide information to families and child care providers on how to access services and private and public health program resource directories.
- ★ Conduct training sessions for child care providers on how to identify the needs and goals of families and children in the child care program and how to make appropriate referrals to health, nutrition, and social services.
- ★ Promote partnerships between families, child care providers, and social service providers. Example: Form an advisory committee of child care providers, health care providers, families, and staff from other community agencies to facilitate communication and to conduct outreach to ensure that services are being delivered.

## Examples

### **Start Healthy, Stay Healthy, Center on Budget and Policy Priorities.**

Millions of young children from low-income working families lack health insurance and are missing out on important benefits available to them through the Medicaid program. To address this issue, Start Healthy, Stay Healthy, a national outreach project initiated by The Center on Budget and Policy Priorities in Washington, DC, is enlisting early childhood programs to identify children who are eligible for Medicaid but not enrolled, and to assist families in applying for benefits for their children. The project's principal focus is to facilitate the enrollment of these eligible children in Medicaid, thereby lowering the number of children who are uninsured or underinsured. The project has developed outreach materials and strategies for early childhood programs on identifying children who are eligible for Medicaid assistance, making effective referrals, and facilitating Medicaid enrollment. Project staff can provide training and technical assistance to State and local early childhood programs. Contact: Start Healthy, Stay Healthy, 777 N. Capitol Street, Suite 705, Washington, DC 20002.

### **LOCATE: Child Care.**

This statewide child care resource and referral agency, based in Baltimore at the Maryland Committee for Children, Inc., has been working with the Start Healthy, Stay Healthy project. LOCATE refers families who call the program's "community line" to seek information on appropriate and affordable child care. To determine a family's eligibility to receive child care subsidies, LOCATE routinely asks callers about family income and participation in public benefit programs. Start Healthy, Stay Healthy helped LOCATE revise its intake questionnaire to accurately screen for Medicaid and WIC eligibility. A process for Medicaid referral was developed in conjunction with the Maryland

Department of Health and Mental Hygiene (the State Medicaid agency), which prepared a brochure describing Medicaid services. When a family calling the community line is found likely to be eligible for Medicaid, the family receives the brochure and other information on applying for benefits. State Medicaid officials trained LOCATE's family counselors to answer parents' questions about Medicaid. Recently, representatives of the U.S. Department of Health and Human Services' Child Care Administration, LOCATE, the Maryland Department of Health and Mental Hygiene, and the Start Healthy, Stay Healthy project met to discuss ways to reach out to parents. One plan already underway involves mailing informational letters and brochures to all licensed child care programs for distribution to parents. Contact: Maryland Committee on Children, Inc., 608 Water Street, Baltimore, MD 21202.

### **The Children's Council of San Francisco and the City of San Francisco Department of Social Services.**

The Children's Council of San Francisco and the City of San Francisco Department of Social Services are working together to make Medicaid enrollment easier for children of working parents. In addition to providing child care resource and referral services, The Children's Council also determines eligibility for child care subsidies. Since this necessitates collecting information on family income, linking eligible children with health services through the State Medicaid program (MediCal in California) seemed a natural extension of the process. The Council asked the Center on Budget and Policy Priorities' Start Healthy, Stay Healthy project for assistance in starting outreach and referral activities. The Center helped facilitate a meeting with county MediCal officials to discuss coordination efforts, and the county agreed to send MediCal enrollment workers to The Children's Council satellite



office to help eligible families apply for the program. The Council screens families in advance to determine whether their children are likely to be eligible for MediCal, and tells families what documents they need to bring when applying. The first MediCal enrollment day took place on a Saturday morning in October 1995. The event was significant because a group of parents gained access to health coverage for their children, and the enrollment process was held at a place and time convenient for parents; bilingual enrollment workers also were available to help parents. A second enrollment day is planned early in 1996. In the interim, program specialists assisting families with child care referrals routinely refer families with eligible children to the MediCal office. Contact: The Center on Budget and Policy Priorities, 777 N. Capitol Street, Suite 705, Washington, DC 20002.

## Resources

- ★ **Chavkin D, Pizzo PD. 1992. *Medicaid and Child Care: Group Partnership Potential*. Washington, DC: Zero to Three/National Center for Clinical Infant Programs. 4 pp.**

This paper discusses the services that early childhood programs can provide to better meet the health and developmental needs of young children. It describes how these services, when provided for eligible children and families, may be reimbursed by Medicaid. The paper was also published in *Young Children* (March 1992) by the National Association for the Education of Young Children. Contact: Zero to Three, 2000 14th Street North, Suite 380, Arlington, VA 22201. (703) 528-4300.

- ★ **Association for Children of New Jersey, Head Start/State Collaboration Project. 1994. *Head Start and Medicaid: Making the Connection*. 32 pp.**

This report describes a year-long effort to promote collaboration between local Head Start grantees and county Medicaid offices in New Jersey. The primary goal of the project was to define and implement policies and practices that streamline the enrollment of Head Start children in Medicaid. The report contains recommendations for State-level policy changes, a discussion guide for facilitating Head Start/Medicaid collaboration, and a special report on New Jersey's children and health care. Contact: Association for Children of New Jersey, 35 Halsey Street, Newark, NJ 07102. (201) 643-3876.

- ★ **Start Healthy, Stay Healthy. 1996. *Finding Children Missing Out on Medicaid: A Guide for Early Childhood Programs*.**

Produced by the Start Healthy, Stay Healthy project, this kit provides a tool that CCR&R agencies, child care providers, social and health services staff, and others in all 50 States and the District of Columbia can use to screen children for Medicaid eligibility. This kit also includes basic information about the Medicaid program and managed care, as well as examples of successful strategies that programs have used to facilitate the Medicaid application process and to streamline enrollment. The kit is scheduled for release in early 1996. Contact (in order to be placed on the mailing list): The Center on Budget and Policy Priorities, 777 North Capitol Street, Suite 705, Washington, DC 20002.

- ★ **U.S. Department of Agriculture, Food and Nutrition Service, Mid-Atlantic Region, Service Accessibility Task Force. 1993. *Enhancing Access to Services: State and Local Strategies for Improving Access to WIC Services*. 111 pp. Washington, DC: WIC State Agency, District of Columbia Commission of Public Health.**

This report presents the findings of a project to identify State and local interventions for improving consumer access to WIC services and to help disseminate information and share innovative ideas and best practices. The report includes background information on access issues, principal findings of a survey of State and local agencies, abstracts of several State activities, project profiles of 21 initiatives selected for their unique approach, and ideas for the future. Contact: WIC State Agency, District of Columbia Commission of Public Health, 1660 L Street, N.W., 10th Floor, Washington, DC 20036. (202) 645-5663.

- ★ **U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau. 1994. *Maternal and Child Health Bureau Fact Pack*. Rockville, MD: Maternal and Child Health Bureau, U.S. Department of Health and Human Services. 29 fact sheets.**

This information package contains 29 fact sheets describing the organization and operations of the Maternal and Child Health Bureau. One fact sheet presents a chart depicting MCHB's divisions and branches within the overall organization of the U.S. Department of Health and Human Services; another describes the functions of MCHB. The remaining 27 fact sheets describe MCHB activities in various health issues and initiatives. A previous edition was titled *Information Fact Pack*. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.



# 4 Action Step Four

## Promote and increase comprehensive access to health screenings.

Many young children have undetected health conditions that, if untreated, could result in serious injury or illness. Child care programs can provide a key access point for conducting health and dental screening, including evaluation and referrals for conditions such as lead poisoning, impaired vision or hearing, and baby bottle tooth decay. Developmental screenings are also important components of comprehensive services. Recognizing and treating potentially harmful conditions earlier rather than later is not only more effective and less costly, but can prevent future problems.

## Strategies for Implementing Action Step Four

### First Steps:

- ★ Provide information about basic health screening and the importance of early identification, early intervention, and followup health services.
- ★ Compile a list of community health resources and information for families on how to access services. Provide directories of local health services to child care providers for referring families and children for screenings.
- ★ Start and maintain a health folder for each child, including health and medical coverage information.
- ★ Encourage parents and providers to share information about the child's health on an ongoing basis.
- ★ Contact professional health associations such as the AAP, the Association for the Care of Children's Health (ACCH), and NAPNAP, as well as Maternal and Child Health offices and Medicaid/ EPSDT programs, about parent materials.

### Use Partnerships to Enhance Systems:

- ★ Bring health services into child care programs once a month (or use mobile units) to do screenings.
- ★ Contact health departments and child care programs about conducting screenings. Train parents and other community volunteers to assist in health screenings.
- ★ Teach families and child care providers how to access comprehensive health care services through community health centers, local maternal and child health programs, HMOs, etc.
- ★ Use mobile vans and home visitors for screening in rural or migrant communities and other hard-to-reach populations.
- ★ Contact the State and local chapters of the American Dental Association, American Academy of Pediatric Dentists, Association of Dental Hygienists, and American Academy of Pediatrics (AAP) about conducting dental and health screenings and disseminating informational materials.



## Examples

### **Healthy Beginnings, Early Childhood Services, Inc.**

This initiative provides onsite screening at licensed child care sites in seven counties in the northern Florida Panhandle. The Florida-based Early Childhood Services, Inc., administers a number of early childhood funding streams, including Title IV-A and Head Start. Healthy Beginnings collaborated with Head Start's health and nutrition coordinator, with assistance from the Head Start Health Services Advisory Committee, to develop a coalition of health and safety providers. Health care professionals visit each licensed child care center in the seven-county area twice a year in a mobile medical van donated by two local hospitals. Only basic screenings (height, weight, heart, and dental) are completed because the coalition does not have funding for the liability coverage necessary for blood screenings. (Funding comes from the local Kiwanis Club through its national initiative to provide safe and healthy beginnings to children under 5.) The program is producing measurable results—approximately 20 percent of children screened for physical health problems and nearly 50 percent of those screened for dental health needs are referred for further services. The response from parents, particularly working parents who have difficulty scheduling routine health care for their children, is overwhelmingly positive. Recommendations for expanding Healthy Beginnings include funding for staff to oversee more intensive followup services, maintenance of a centralized data base to track children's health as they move from setting to setting, and provision of onsite immunizations and blood screenings. Contact: Healthy Beginnings, 450 Jenks Avenue, Panama City, FL 32401.

### **The Health Check Program, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SA), Child and Family Services Section).**

The Health Check Program was developed as a statewide initiative to improve access for Medicaid-eligible children to health services and comprehensive health checkups, including immunizations and vision, hearing, and dental screening services on a regular basis throughout childhood. As health problems are diagnosed in these children, Medicaid covers any medically necessary diagnostic or treatment services needed to treat the conditions. The goal of the program is to maximize the health and development of youth (from birth through age 20) by ensuring available, accessible, comprehensive, and continuous health care services. The program collaborates with the North Carolina Pediatric Society, the Academy of Family Physicians, and the Society of Internal Medicine to ensure an adequate pool of providers in target areas. Key program components include provider recruitment efforts, outreach and education, services by Health Check coordinators, coordination among local agencies, specialized care services, linkage to the WIC program, linkage to the North Carolina immunization registry, and an automated information and notification system. Contact: The Health Check Program, 325 North Salisbury Street, Suite 566, Raleigh, NC 27603.



## Resources

- ★ **National Center for Education in Maternal and Child Health. 1994. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health. 273 pp.**

The Bright Futures guidelines present a new approach to health supervision. These guidelines are responsive to the current and emerging health needs of infants, children, adolescents, families, and communities, with a special focus on health promotion and disease prevention. The Bright Futures guidelines present a longitudinal, personalized, contextual approach to health supervision that complements the efforts of family, school, community, and media. The guidelines are developmentally based, with sections for infancy, early childhood, middle childhood, and adolescence. The introduction provides an overview and outlines the organization of the guidelines. Each section contains a theme chapter, “snapshots” of developmental changes at each age, charts of developmental strengths and issues, family preparation for health supervision, interview “trigger” questions, developmental surveillance and milestones, additional screening procedures, immunizations, anticipatory guidance, health supervision summaries, and bibliographies. Appendices include a periodicity schedule, immunization schedules, a body mass index chart, and a general bibliography. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **American Academy of Pediatrics. 1995. *Recommendations for Preventive Pediatric Health Care*. Elk Grove Village, IL: American Academy of Pediatrics.**

These guidelines are designed for the care of children and represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. Contact: American Academy of Pediatrics, Publications Department, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098. (800) 433-9016.

- ★ **U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Head Start Bureau. 1984. *Head Start Performance Standards*. 64 pp.**

This document presents the objectives and performance standards of Head Start in four categories: Education services, health services, social services, and parent involvement. Contact: Head Start Bureau Publications, P.O. Box 1182, Washington, DC 20013. (202) 205-8560.



# 5 Action Step Five

## Conduct health and safety education and promotion programs for children, families, and child care providers.

Promoting the safety and the healthy growth and development of our children is a responsibility shared by all. Health care and child care providers working closely together can share information and training with staff and parents on issues such as immunization, injury prevention, physical fitness, and recognition of illnesses and developmental difficulties. Child care providers, in partnership with others, can also provide information on preventing deaths and injuries caused by car crashes, drownings, fires, suffocation, poisoning, and falls. When children learn early the importance of personal hygiene practices such as brushing their teeth or washing their hands properly, and safety practices such as what to do in case of a fire, these lessons can lead to good health and safety habits that last a lifetime.

### Strategies for Implementing Action Step Five

#### First Steps:

- ★ Collect and disseminate flyers, posters, and other educational materials on health and safety in child care and on injury prevention to providers and families. Example: Disseminate materials on safe transportation and on playground, bicycle, and fire safety by setting up a safety awareness display, resource table, or bulletin board.
- ★ Use area health education centers, nursing schools, colleges, hospitals, medical schools, health education programs, police and fire departments, health fairs, and public libraries as resources to educate providers, families, and children.
- ★ Compile a list of resources that can provide training and or educational materials to families and providers, emphasizing home and facility safety checks.
- ★ Promote awareness of the Consumer Safety Product Commission's toll-free number: 1-800-638-2772.
- ★ Include health promotion information in electronic formats through the Internet, computer bulletin boards, and video lending libraries.

#### Use Partnerships to Enhance Systems:

- ★ Link with perinatal and maternal and child health organizational networks such as the Healthy Mothers, Healthy Babies Coalition to provide educational programs and disseminate information published by these groups.
- ★ Coordinate health and safety training with the local child care resource and referral agency.
- ★ "Piggyback" with innovative campaigns such as the Sesame Street lead poisoning campaign and the National SAFE KIDS Campaign.
- ★ Create links between child care programs, families, and child care resource and referral agencies to ensure communication about health and safety issues.
- ★ Use existing health and safety education materials from the local school district to train providers.

## Examples

### **Child Care Services (CCS).**

In addition to offering workshops on safety, nutrition, communicable disease, and other health topics, CCS has pioneered a unique partnership with public television to bring education on health, safety, and other child development topics into caregivers' homes. "Child Care 101" is shown at various times during a 2-week period over air space provided free of charge by Louisiana Public Broadcasting (LPB), the State's public television affiliate. The home telecourse, now entering its third year, broadcasts child development video programs produced by the National Association for the Education of Young Children and the University of Wisconsin. These programs address important health and safety issues such as washing hands properly, covering electrical outlets, and securing medications and poisonous substances. Working closely with the LPB adult education coordinator, CCS helps to plan and promote the 30-minute segments. CSS also works with LPB to tape supplemental interviews with local child development experts, and has developed a short test featuring essay and true/false questions, which "tele-students" must pass to earn credit toward meeting the requirements for Child Development Associate. Other partners include the Louisiana Early Childhood Association and Dow Chemical, which have funded some of the videotape rental costs. Contact: Child Care Services, 209 Milam, Suite C, Shreveport, LA 71101-7228.

### **Child Care Connections.**

This organization offers training to new and prospective child care providers. Included in the training for family child care providers is a health and safety seminar, funded through a private grant. In Connecticut, family child care providers must complete a State-approved Health and Safety First Aid course before becoming licensed. The child care

resource and referral agency links providers with area resources that offer training, such as the Capital Region Education Council, which trains trainers. The trainers usually conduct training programs at Red Cross sites throughout the State. Child care resource and referral staff also attend health and safety fairs and distribute health-related information to parents. Contact: Child Care Connections, 246 Federal Road, C25, Brookfield, CT 06804.

### **Children's Safety Network (CSN), National Injury and Violence Prevention Resource Center, National Center for Education in Maternal and Child Health (NCEMCH).**

One of six sites comprising the Children's Safety Network, CSN at NCEMCH provides information, technical assistance, training, and materials to State and local health departments (especially Title V maternal and child health programs), policymakers, researchers, and injury prevention practitioners nationwide. CSN staff provide technical assistance in a broad range of areas including training; data collection; needs assessment; program development, implementation, and evaluation; legislative and media strategies; and specific focus areas such as domestic violence, traffic injuries, and other topics. Staff also facilitate networking among injury and violence prevention professionals and others; assist in designing new injury and violence prevention programs and program evaluations; and collaborate with key agencies, policymakers, and practitioners. In addition, CSN staff maintain a comprehensive and current reference collection of injury and violence prevention resources and educational materials, help plan conferences and workshops and make presentations, and develop publications. Contact: Children's Safety Network at NCEMCH, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617.



## Resources

- ★ **California Child Care Health Project and San Diego County Consortium. 1991. *Control of Communicable and Infectious Disease: A Manual for Child Care Providers*. San Diego, CA: California Child Care Health Project, San Diego State University. 170 pp.**

This manual for trainers of child care providers presents information and guidance on how to control communicable and infectious disease in early childhood settings. The manual's four sections address health policies, procedures for prevention, infectious diseases that cause illness in child care settings, and references (including a comprehensive review of both infectious and noninfectious diseases). Contact: Graduate School of Public Health, San Diego State University, 6505 Alvarado Road, Suite 205, San Diego, CA 92120. (619) 594-3728.

- ★ **Godes JR, Braun JE, eds. 1993. *Infectious Diseases in Child Care Settings: Information for Directors, Caregivers, and Parents or Guardians*. Minneapolis, MN: Epidemiology Program, Hennepin County Community Health Department. 116 pp.**

This manual informs administrators, child care providers, and parents and caregivers about infectious diseases commonly encountered in child care settings. The manual contains guidelines on hygiene to help prevent the spread of diseases, and standards for diseases that must be reported by law to State or local health departments in Minnesota. The manual includes 38 fact sheets with information on recognizing symptoms, understanding how diseases are spread, and preventing or controlling specific diseases. The manual also includes sample letters to parents and guardians, information on the Minnesota Immunization Law, a glossary, and a bibliography. Contact: Hennepin County Community Health Department, Health Service Building, Level 3, 525 Portland Avenue South, Minneapolis, MN 55415. (612) 348-2741.

- ★ **American Red Cross. 1990. *American Red Cross Child Care Course*. Washington, DC: American Red Cross.**

The two-volume American Red Cross Child Care Course, with companion videotapes, contains seven units: Preventing childhood injuries; infant and child first aid; preventing infectious diseases; caring for ill children; learning about child development; communicating with children and parents; and recognizing and reporting child abuse. The first four units are presented in the volume *Health and Safety Units*, and the remaining three are presented in the volume *Child Development Units*. The target audience includes caregivers, center directors, babysitters, parents, grandparents, and other family members. Contact: Your local American Red Cross Chapter.

- ★ **National SAFE KIDS Campaign. ca. 1990. *How to Protect Your Child from Injury*. 16 pp.**

Washington, DC: National SAFE KIDS Campaign, Children's National Medical Center. This publication offers tips and helpful advice for parents on keeping children safe. The easy-to-read booklet with many colorful illustrations covers traffic injuries, drownings, burns, scalds, poisonings, chokings, and falls. A Spanish-language version is also available. Contact: National SAFE KIDS Campaign, P.O. Box 4779, Monticello, MN 55365. (612) 295-4135.

- ★ **National SAFE KIDS Campaign. *Resource Catalog*. Washington, DC: National SAFE KIDS Campaign, Children's National Medical Center. 11 pp.**

This booklet from the National SAFE KIDS Campaign lists information and resources available on injury prevention, bike helmets and bike safety, public policy, burn prevention and fire safety, and child occupant protection. Contact: National SAFE KIDS Campaign, P.O. Box 4779, Monticello, MN 55365. (612) 295-4135.

- ★ **U.S. Consumer Product Safety Commission. 1996. *Baby Safety Shower How-to Kit*. Washington, DC: U.S. Consumer Product Safety Commission.**

Developed by the Consumer Product Safety Commission and Gerber Products, this kit contains a planning guide with step-by-step instructions for hosting a baby safety shower. Contents of the kit include a baby safety checklist (English and Spanish versions), baby safety shower planning guide, sample invitation and certificate of attendance, publicity materials, baby safety game materials, publication ordering information, evaluation form, and other safety materials. Contact: Office of Information and Public Affairs, U.S. Consumer Product Safety Commission, Washington, DC 20207. (800) 638-2772.

- ★ **Children's Safety Network at the National Center for Education in Maternal and Child Health. In press. *Keeping Kids Safe: Child Passenger Safety in Out-of-Home Child Care—Resources and Tools*. Arlington, VA: National Center for Education in Maternal and Child Health.**

This resource list contains up-to-date information on child passenger safety. The list provides resource information on State and community contacts, as well as information on materials such as videocassettes, newsletters, brochures, and posters. Contact: National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617. (703) 524-7802.



# Action Step Six

## Strengthen and improve nutrition services in child care.

Nutrition education and health promotion programs help to inform families and providers of the nutritional needs of all young children. When young children share nourishing meals and snacks together, they grow healthier, think more clearly, explore their world eagerly, develop language and social skills, and feel comforted and cared for. The developmental, cultural, and emotional needs of children should be considered in menu planning.

### Strategies for Implementing Action Step Six

#### First Steps:

- ★ Post and distribute information from the U.S. Department of Agriculture (USDA) Food Assistance Nutrition Education Programs. Example: Distribute sample menus, information about meal portions, and the food pyramid chart.
- ★ Provide families and child care providers with information on breastfeeding in the child care setting.
- ★ Develop and disseminate a resource list of persons in the community who are trained in early childhood nutrition and child care nutrition issues.
- ★ Publish nutrition information in local or community newsletters and disseminate in child care programs.
- ★ Educate providers and families on cultural differences in food preferences and nutrition. Example: Disseminate educational materials or plan meals representing diverse cultures.
- ★ Plan and conduct parent education activities such as cooking, picnics, potluck suppers, or shared meals with children in the child care program. Example: Teach menu planning, food safety, nutrition, healthy ways to cook, and healthy grocery shopping.
- ★ Develop special healthy food activities for children.

#### Use Partnerships to Enhance Systems:

- ★ Link with local WIC programs, university-based Cooperative Extension Services, local and State health departments, Head Start programs, and USDA's Child and Adult Care Food Program to provide nutrition consultation and training.
- ★ Contact local public health nutritionists, hospital dietitians, and dietetic associations about providing consultation and training on nutrition education, food service, and health promotion, including food safety and sanitation.
- ★ Encourage local schools to adopt USDA's updated nutrition standards and to participate in USDA's Team Nutrition Program, which provides schools with training and technical assistance.
- ★ Develop partnerships between families, child care programs, and local CCR&R agencies to share information about nutrition services in child care programs.
- ★ Train families and child care providers to monitor children's eating habits, changes in appetite, height and weight to ensure that the children are growing.
- ★ Provide training and information to child care providers concerning the importance of family-style meals, food sanitation and food safety, and the benefits of providing children with a safe, calm eating environment.



## Examples

### **Healthy Start ... Food to Grow On.**

This information and education campaign for children promotes healthful food choices and eating habits as part of an overall healthful lifestyle. Developed by the American Academy of Pediatrics, the American Dietetic Association (ADA), and the Food Marketing Institute, the program targets families with young children ages 2–6, and is carried out by pediatricians and dietitians, as well as through supermarkets. Each of the three organizations is involved in campaign activities. The Food Marketing Institute distributes a Healthy Start Supermarket Kit containing consumer nutrition brochures, quarterly newsletters for parents, a parent/child activity booklet, and a supermarket implementation guide. AAP offers consumer nutrition brochures (available for purchase) to pediatricians. ADA offers bulk copies of the nutrition brochures to registered dietitians and other health professionals. ADA also offers the Healthy Start Supermarket Kit for purchase. Contact: Food Marketing Institute, 800 Connecticut Avenue, N.W., Washington, DC 20006-2701.

### **Capital District Child Care Coordinating Council (CDCCCC).**

This organization serves as an intermediary for the U.S. Department of Agriculture Child Care Food Program to help meet the nutritional needs of children receiving care in four upstate New York counties. CDCCCC entered into a partnership that allows child care providers, early childhood educators, home economists, school food service directors, and dietitians to enjoy a 1-day training program, Feeding Young Children in Group Settings. The goal of the course, which was also sponsored by Albany County Cornell Cooperative Extension and the New York State Department of Health, was to teach participants that feeding young children in group settings involves more than just “getting food into them.” Objectives included helping parents and caregivers to trust children’s instincts and eating skills, learning how to teach nutrition to children through activities and storytelling, reviewing guidelines for food safety in child care settings, and learning to prepare foods from different cultures. The three partner agencies, enriched through watching live nutrition training broadcasts weekly from the University of Idaho over the Department of Health’s satellite hook-up, decided to share their experiences. The keynote address at the training was delivered by an authority on nutrition and infant/child feeding, whose ideas had formed the basis of the satellite course. Contact: Capital District Child Care Coordinating Council, 91 Broadway, Menards, NY 12204.



## Resources

- ★ **Graves DE, Suitor CW. In press. *Making Food Healthy for Children: How to Meet the National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs*. Arlington, VA: National Center for Education in Maternal and Child Health.**

This book serves as a guide for providing children with safe and healthy food, and for meeting the nutrition standards in the *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. The guide discusses various topics such as keeping food clean, using foods that are safe to eat, promoting pleasant meals and snacks, planning in order to meet children's food needs, and helping children and families learn about food. The guide also includes community resources, materials for parents, and information helpful in child care settings, such as information on menus, infant feeding policies, and food service staffing. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **Eliades DC, Suitor CW. 1994. *Celebrating Diversity: Approaching Families through Their Food*. Arlington, VA: National Center for Education in Maternal and Child Health. 70 pp.**

This illustrated guide presents ideas and suggestions for communicating nutrition education messages to people from diverse cultural backgrounds. Early chapters discuss how to use food to create common ground, how food patterns change over time, and how people make food choices; later chapters address communicating with clients and families, working within the community, and meeting the challenge of the multilingual environment. The guide was supported by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services, and by the Food and Nutrition Service, U.S. Department of Agriculture. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **Lewis M, Byrd-Bredbenner C, Bernstein J. 1988. *Nutrition Education Curriculum: Parent Nutrition Kit*. Washington, DC: Head Start Bureau, U.S. Department of Health and Human Services. 56 pp.**

Developed as part of the Head Start Nutrition Education Curriculum, this teaching guide is designed to actively involve parents in educating their children by demonstrating how they can help their children learn about healthy nutrition. The kit provides display ideas, parent newsletters that can be reproduced, and suggestions for planning successful parent workshops. Contact: Head Start Bureau Publications, P.O. Box 1182, Washington, DC 20013. (202) 205-8560.

- ★ **U.S. Department of Agriculture, Food and Consumer Service. 1994. *Breastfed Babies Welcome Here*. Alexandria, VA: U.S. Department of Agriculture. 1 brochure (12 pp.), 1 brochure (16 pp.), 1 poster.**

This information package is designed for child care providers who care for breastfed babies. It contains a guide for providers, a brochure for providers to give to mothers, and a poster. The provider's guide describes how to care for breastfed babies and how to encourage mothers to breastfeed; it also includes information on storing and handling breastmilk. The mother's guide reviews the benefits of breastfeeding and offers information on

returning to work or school, preparing the baby for transition to child care, and helping the provider care for the baby. The poster reminds parents that the provider welcomes breastfed babies. Contact: U.S. Department of Agriculture, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302. (703) 305-2620.

- ★ **Edelstein S. 1992. *Nutrition and Meal Planning in Child-Care Programs: A Practical Guide*. Chicago, IL: American Dietetic Association. 94 pp.**

This manual helps child care providers to plan nutritious meals for children at child care centers or family child care homes. The manual is based on the daily food and serving recommendations of the U.S. Department of Agriculture. Nutritional requirements of infants and children, sample menus for child care centers, and a list of resource agencies are also included. Contact: American Dietetic Association, P.O. Box 4729, Department 0195, Chicago, IL 60680-4729. (800) 745-0775.

- ★ **Arizona Department of Health Services, Office of Nutrition Services. 1992. *Arizona 5 a Day for Better Health: Fruit and Vegetable Activity Book for Child Care Programs*. Phoenix, AZ: Office of Nutrition Services, Arizona Department of Health Services. 48 pp.**

This book suggests ways of increasing the number of servings of fruits and vegetables for children and adults. It provides information on nutrients in fruits and vegetables and offers ideas on menu planning as well as purchasing, preparing, and serving fruits and vegetables. Also included are recipes and hands-on activities to help children learn about fruits and vegetables. The guide is designed for child care providers in Arizona, but can easily be adapted for use in classrooms and homes in any State. A Spanish-language version was published in 1994. Contact: Arizona Department of Health Services, Office of Nutrition Services, 740 West Adams Street, Phoenix, AZ 85007. (602) 542-1886.

- ★ **U.S. Department of Agriculture, Food and Nutrition Service. 1993. *Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSFP Programs*. Washington, DC: U.S. Government Printing Office. 190 pp.**

This manual is designed for staff who provide nutrition education and counseling to parents and guardians of full-term, at-risk infants who participate in WIC programs or in the Commodity Supplemental Food Program (CSFP). The manual includes basic information on the nutritional needs of infants, the development of feeding skills, breastfeeding, formula feeding, introduction of solid foods, infant feeding practices, food selection, sanitary food preparation and storage, oral health, vegetarian nutrition, and common gastrointestinal problems. Teaching aids include a summary of key points, several appendices, and a bibliography. Contact: U.S. Department of Agriculture, Food and Nutrition Service, 3101 Park Center Drive, Room 607, Alexandria, VA 22302. (703) 305-2554.

# 7 **Action Step Seven**

## **Provide training and ongoing consultation to child care providers and families in the areas of social and emotional health.**

Child care programs can promote healthy social and emotional development by informing and guiding child care providers and families in ways that encourage sensitive and age-appropriate care. They also can contribute to early identification and intervention with children who reflect the ill effects of exposure to violence, substance abuse, child abuse and neglect, or other emotional and behavioral problems. It is important to make more mental health services available to child care communities so that families and child care providers can take advantage of opportunities to enhance the social and emotional health of children.

### **Strategies for Implementing Action Step Seven**

#### **First Steps:**

- ★ Create links between the child care community and local mental health providers who can provide consultation, referrals, and resources.
- ★ Disseminate information on available community resources and consultants in child development, mental health promotion, and intervention services. Example: Make available a list of school social workers.
- ★ Offer training in stress management techniques to families and child care providers.
- ★ Schedule times when child care providers are available for parent-provider meetings; provide a drop box for parents' questions and comments.
- ★ Conduct workshops that address child development, parent communication, violence prevention, and support for children who have been exposed to violence.
- ★ Publish phone numbers and contact information for local agency responsible for receiving reports of child abuse and neglect.
- ★ Explore mental health services that could be provided within the child care setting, such as play and art therapy and referral services.

#### **Use Partnerships to Enhance Systems:**

- ★ Train providers and families to foster children's self-esteem and to recognize early social and emotional problems.
- ★ Provide information to families, child care providers, and health care providers about key social and emotional issues and usual levels of understanding and capabilities at different stages of child development.
- ★ Train providers and families in using developmentally appropriate discipline.
- ★ Establish ongoing communication between social service programs and child care providers.
- ★ Link local family preservation and support services with child care providers.
- ★ Provide training for child care providers, after-school providers, and health care workers in the detection and prevention of child abuse and neglect.



## Examples

### **Quality Child Care and Mental Health Collaborative, Children's Council of San Francisco.**

This San Francisco-based alliance among 18 diverse agencies (4 mental health and 14 child care programs) works to promote the mental health of more than 2,500 children and families of low-income status. Supported through funds generated by a set-aside in the Bay City's property tax, the alliance provides preventive and direct mental health services to child care programs throughout the city, with members of the Collaborative receiving first priority. Services available to caregivers of young children with emotional and behavioral problems include program consultation, individual play therapy, therapeutic play groups, case consultation, and crisis counseling. Services are offered to both child care centers and family child care programs, and are tailored to meet their ethnic, linguistic, and cultural needs. The Collaborative provides direct consultation for parents and providers, and workshops for staff in the member programs. Workshop sessions have addressed issues such as recognizing the impact of family violence on young children, working with drug-exposed children, and dealing with difficult parents. The group plans to expand training to reach parents, through a special Saturday workshop on emotional and behavioral problems experienced by young children. Contact: Quality Child Care and Mental Health Collaborative, One Second Street, Fourth Floor, San Francisco, CA 94105-3407.

### **Touchpoints Project.**

The Touchpoints Project delivers a training model for practitioners, emphasizing the building of supportive alliances between parents and professionals around key points in the development of young children. The model is an outgrowth of Dr. T. Berry Brazelton's book *Touchpoints* (1992) as well as research at Children's Hospital in Boston. The Touchpoints model provides a

form of outreach through which multidisciplinary practitioners can engage parents around important, predictable phases of their baby's development. The Touchpoints model stresses preventive health through development of relationships between parents and providers; acknowledges that developing and maintaining relationships is critical to appreciating cultural, religious, and societal family dynamics; and encourages the practitioner to focus on strengths in individuals and families. Touchpoints is not a stand-alone model; it is intended to be integrated into ongoing pediatric, early childhood, and family intervention programs. Contact: The Touchpoints Project, Child Development Unit, Children's Hospital, 1295 Boylston Street, Boston, MA 02215.

### **Child Care Mental Health Consultation Project.**

For more than 4 years, this volunteer project has provided mental health consultation services to child care programs in the metropolitan Washington area. Mental health professionals, psychologists, psychiatric social workers, analysts, and psychiatrists meet monthly with child care staff and directors to discuss developmental concerns, communication with families, and staff issues, and to identify serious behaviors of young children. Monthly sessions are characterized by solving problems and developing strategies, recalling patterns of past behaviors, and learning more about how children develop. The core committee of volunteers, which includes center directors, early childhood education specialists, and mental health professionals, is responsible for selection of centers, evaluations, and recruitment of consultants. One key element in the success of the consultation has been the crucial role of the child care director. Although participation is voluntary, the quality of commitment shown by the child care director has been the single best predictor of ongoing, effective consultation. Contact: Psychology Department, Montgomery College, 51 Mannakee Street, Rockville, MD 20850.



## Resources

- ★ **Brazelton T. 1992. *Touchpoints*. Reading, MA: Addison-Wesley. 481 pp.**

This book examines the patterns of growth and development in the emotions and behavior of children from infancy to 3 years of age. A broad range of developmental challenges are discussed, including allergies, bedwetting, crying, developmental disabilities, discipline, divorce, feeding problems, hospitalization and illness, hyperactivity, loss and grief, lying and related behaviors (such as stealing and cheating), prematurity, school readiness, self-esteem, separation, sibling rivalry, sleep problems, speech and hearing problems, stomachaches and headaches, and toilet training. The final section discusses allies in development—parents, grandparents, friends, caregivers, and the child's doctor. Contact: Touchpoints Project, Child Development Unit, Children's Hospital, 1295 Boylston Street, Suite 320, Boston, MA 02215. (800) 447-2226.

- ★ **Griffin A, Fenichel E, Lally JR, Segal M, Szanton E, Weissbourd B. 1995. *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*. Washington, DC: Zero to Three. 88 pp.**

This guide demonstrates how to build strong relationships between children and families and between families and caregivers, as well as among children and among adults in the child care setting. The guide includes illustrations of appropriate and inappropriate practice, developmental milestones for babies and toddlers, and resources for further learning. Contact: Zero to Three, 2000 14th Street North, Suite 380, Arlington, VA 22201-2500. (800) 899-4301.

- ★ **Greenspan SI, Wieder S. 1994. *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*. Washington, DC: Zero to Three.**

This book presents a comprehensive framework for diagnosing emotional and developmental problems in children ages birth to 3 years. The publication is a product of Zero To Three's multidisciplinary Diagnostic Classification Task Force. Contact: Zero to Three, 2000 14th Street North, Suite 380, Arlington, VA 22201-2500. (800) 899-4301.

- ★ **U.S. Department of Health and Human Services, Office of Human Development Services, Administration for Children and Families. 1993. *Organizations Concerned with Child Abuse and Neglect and Family Violence Issues*. Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services.**

This directory of national organizations concerned with child maltreatment lists the services, products, and publications of these organizations along with descriptions of their programs. Contact: National Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, 20013-1182. (703) 385-7565.

- ★ **Greenberg P. 1991. *Character Development: Encouraging Self-Esteem and Self-Discipline in Infants, Toddlers, and Two-Year-Olds*. Washington, DC : National Association for the Education of Young Children. 197 pp.**

This book of essays describes ways that child care providers and early childhood educators can provide high-quality child care in center-based or family child care settings. Topics include the development of self-esteem and character in babies and toddlers; goals for child care; the job of an optimal home in building character; toddlers' sense of self; respect; language; fun; discipline; and observable skills and behaviors in young children who are developing healthy character, self-esteem, and self-discipline. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (800) 424-2460.

# 8 **Action Step Eight**

## **Expand and provide ongoing support to child care providers and families caring for children with special health needs.**

Passage of the Americans with Disabilities Act (1992) has significantly strengthened access to child care for children with special health needs or developmental disabilities. Child care providers and families need ongoing training, technical assistance, mentoring, and consultation to care for children with special needs, ranging from helping children with asthma or diabetes to assisting children in wheelchairs or those with developmental delays or disabilities. Providers and families also need information and resources concerning how the Americans with Disabilities Act will impact child care programs in areas such as inclusion of children with special needs in programs, eligibility for services, and removal of barriers in facilities.

### **Strategies for Implementing Action Step Eight**

#### **First Steps:**

- ★ Identify child care providers who provide services for children with special health needs.
- ★ Collect and disseminate information on requirements of the Americans with Disabilities Act (ADA) within the context of child care.
- ★ Invite representatives from programs serving children with special needs to meet with families and providers.
- ★ Encourage parents of children with disabilities to serve as mentors for child care providers.
- ★ Distribute information on available funding and child care resources to families who have children with special health needs. In addition, distribute funding and resource information to organizations and advocacy groups that support the needs of these families.
- ★ Provide child care programs with materials on the physical safety requirements of the facility, such as the required placement of ramps and railings in the child care setting.
- ★ Set up ongoing training and support for family child care providers serving children with special health needs.

#### **Use Partnerships to Enhance Systems:**

- ★ Provide child care providers with training in child development and inclusion of children with special health needs.
- ★ Create partnerships between providers, families, and resource and referral agencies to share resources and promote the inclusion of children with special health needs in programs.
- ★ Include child care programs as key participants in the development of the Individual Family Service Plan (IFSP).
- ★ Contact national advocacy organizations for families of children with special health needs about opportunities for partnerships.
- ★ Establish linkages between child care providers, Part H, University Affiliated Programs (UAPs), and other organizations such as the YMCA to provide support, information and resources.
- ★ Promote awareness of and disseminate information on local services for children with special health needs.
- ★ Ensure that a representative from the child care community serves on the State and local Interagency Coordinating Council for children with special health needs.



## Examples

### **The Arizona Self Study Project (ASSP), Arizona Department of Health Services.**

This project is a collaborative effort to improve the quality of care and education for all young children in Arizona's early childhood programs. Fifty early childhood programs are selected statewide to participate in ASSP each year. The project provides consultation, technical assistance, and self-study materials developed by the National Academy of Early Childhood Programs (NAECP) to programs selected by sponsoring agencies. Each program uses the ASSP preassessment tool and the self-study materials to evaluate strengths and weaknesses in its classrooms, curriculum, parent involvement efforts, and administration, with reference to NAECP accreditation criteria and the ASSP Early Childhood Special Needs Component developed by the Arizona Department of Education. Programs work at their own pace to initiate changes through telephone and onsite assistance from the self-study coordinator and through training and technical assistance available through ASSP. The project is designed to (1) improve the quality of programs by focusing on developmentally appropriate practice; (2) integrate quality early childhood and special education methods into a model that meets the needs of all children; (3) expose teachers trained in special education to developmentally appropriate early childhood practices; and (4) expose teachers trained in early childhood to developmentally appropriate practices in special education. Contact: Early Childhood Consultants, OWCH, 411 24th Street, Phoenix, AZ 85008.

### **"Meeting the Challenge," Child Care Connections.**

Through its Meeting the Challenge program, Child Care Connections (CCC), a child care resource and referral agency based in Idaho, is helping three centers and five family child care homes overcome the concerns and lack of training that often impede providers from including children with medically fragile conditions or disabilities in their child care settings. Incorporating the tools and methods developed by the University of Montana Child Outreach Project, Meeting the Challenge provides comprehensive training, technical assistance, and support to child care providers who wish to promote a safe and welcoming atmosphere for children with special needs. The program provides access to a toy and equipment lending library and sponsors workshops on topics such as arrangement of space to accommodate special needs, Individualized Education Plan (IEP) meetings, and the impact of the Americans with Disabilities Act (ADA). The program also provides each site with a consultant who conducts onsite technical assistance and helps caregivers perform a self-assessment to evaluate their capacity to welcome children with special needs. Other unique components include an allowance of 3 hours per program for a trained, licensed substitute so that staff can attend an IEP meeting or observe other successful programs, and an allotment of up to \$200 per participating program toward meeting program accreditation by NAEYC or the National Association for Family Child Care (NAFCC). Funding for the initiative comes from Idaho Children's Emergency Funds. CCC has become a model program for the rest of the State, and CCC staff are analyzing a provider satisfaction survey to help evaluate the program's success to date and to plan for the future. Contact: Child Care Connections, 1607 West Jefferson, Boise, ID 83704-8640.



## Resources

- ★ **Chandler PA. 1994. *A Place for Me: Including Children with Special Needs in Early Care and Education Settings*. Washington, DC: National Association for the Education of Young Children. 85 pp.**

This book reviews ways that child care providers and early educators can include children with special health needs in their programs. It provides a general description of these children's needs, explains the rationale for including them in the classroom, and suggests ways for teachers to examine and modify their past perceptions. The book reviews various procedures to ensure a safe physical environment, and discusses ways of working with children with special health needs. Information is provided relating to working with parents of these children and with other agencies. Resource lists include organizations, suppliers of relevant publications, a bibliography for teachers, and a bibliography of materials appropriate for children. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (800) 424-2460.

- ★ **Dogget L, George J. 1993. *All Kids Count: Child Care and the Americans with Disabilities Act (ADA)*. Arlington, VA: The Arc. 89 pp.**

This guide informs the child care profession about the law and familiarizes child care providers with the importance and value of including all children in regular child care settings. Contact: ARC National Headquarters, 500 E. Border, Suite 300, Arlington, TX 76010. (817) 261-6003.

- ★ **Faison LK, Eillings KY, Siptroth J, Shea MM. 1993. *Starting Point: How to Open Your Program (and Your Heart) to Children with Special Health Needs*. San Diego, CA: Division of Maternal and Child Health, Graduate School of Public Health, San Diego State University. 46 pp.**

This handbook is designed as an introductory guide for child care providers who intend to include children with special health needs in their programs. It offers practical information on the issues involved in caring for children with special health needs (including techniques for working with children who are physically challenged), developing culturally competent services, ensuring confidentiality, preventing childhood injuries, taking health precautions to prevent the spread of communicable diseases, providing recreation and play activities, and dealing with challenging behaviors. The handbook includes a developmental play chart and a sample child care registration questionnaire. A Spanish-language version, *Punto de Partida*, is also available. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **Fink DB. 1991. *More Alike than Different: Including Children with Special Needs in School Age Child Care Settings—A Staff Training Manual*. Trenton, NJ: New Jersey Department of Human Services. 168 pp.**

This training manual is designed to help bring more understanding and resources to the challenge of including children with special needs in school-age child care. It is designed as a series of freestanding workshops, each containing all necessary instructions for the trainer, and all necessary handouts to be copied for workshop participants. The workshops addressed the following topics: Introduction to inclusive school-age child care; assessment of personal feelings about children with special needs; empowerment of children and caregivers through positive, appropriate language; families of children with special needs; developmental characteristics of children with special needs; ways to adapt activities and environments for inclusive school-age child care; methods of communicating expectations to children; and resources for inclusive school-age child care. Contact: New Jersey Department of Human Services, Trenton, NJ 08625-0700.

- ★ **Rab VY, Wood KI. 1995. *Child Care and the ADA: A Handbook for Inclusive Programs*. Baltimore, MD: Brookes Publishing Company.**

This book identifies legal issues, suggests some cost-effective solutions, and presents a variety of materials for assistance in complying with the Americans with Disabilities Act. The book includes case scenarios, action plans, worksheets and checklists, comprehensive resource lists, and a glossary. Contact: Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. (410) 337-9580.



# Action Step **Nine**

## **Use child care health consultants to help develop and maintain healthy child care.**

Health care providers can play a vital role in the training of child care staff, as well as in the licensing, monitoring, and evaluation of child care facilities. Child care health consultants can provide guidance and assistance on a range of issues affecting the health and safety of children. These can be as fundamental as helping staff determine ideal placement for eating areas and diaper changing tables in facilities, or as technical as performing onsite assessments of hygiene and safety practices and assisting in developing licensing standards. Trained child care providers who are informed about preventive health care and safety practices and resources can promote the healthy development of children and reduce illness and injury in child care settings.

### **Strategies for Implementing Action Step Nine**

#### **First Steps:**

- ★ Convene a meeting of child care providers and health care providers to discuss the different roles of health care consultants in child care programs.
- ★ Disseminate phone numbers and names of contacts for local health departments and licensing agencies.
- ★ Disseminate information on child care programs that successfully utilize health consultants.
- ★ Use existing training materials from organizations such as the National Association for the Education of Young Children and American Academy of Pediatrics to conduct training programs.
- ★ Provide the State toll-free phone number for information about federally funded (Title V) services in maternal and child health and services for children with special health needs.
- ★ Identify health providers who have an interest in health and safety in child care in State or local communities.

#### **Use Partnerships to Enhance Systems:**

- ★ Offer training in child care issues for community health care providers.
- ★ Involve health care providers in the development of licensing regulations. Example: Contact health providers for consultation when writing regulations addressing health in the child care program.
- ★ Establish health and safety advisory boards (State, county, or local level) composed of health providers, child care providers, and other representatives.
- ★ Contact local chapters of national health professional organizations to identify and/or create and coordinate training opportunities for child care providers.
- ★ Establish a model program such as the Pennsylvania Early Childhood Education Linkage System (ECELS) to link health consultants with child care programs.



## Examples

### **Early Childhood Education Linkage System, (ECELS), Pennsylvania Chapter of the American Academy of Pediatrics.**

Since January 1990, the Pennsylvania Chapter of the American Academy of Pediatrics has operated the ECELS project. ECELS provides health professional consultation, training, and technical assistance to improve early childhood education programs in Pennsylvania. To plan and carry out the work of ECELS, the Pennsylvania Chapter of AAP works with government agencies, early childhood educators, and health professionals. ECELS serves an estimated 12,000 programs with more than 275,000 children. The programs include child care centers, family child care homes (both large and small capacities), and nursery schools. With so many young children in child care facilities, control of injuries and infectious disease is crucial. Early childhood settings also offer many opportunities for health promotion. To improve the quality of group care, ECELS provides five basic services: (1) Linkages between health professionals and programs that care for young children in groups; (2) telephone advice about health and safety issues for early childhood professionals; (3) a free lending library of audiovisual materials; (4) the quarterly newsletter *Health Link*, which is distributed to all identified Pennsylvania early childhood care and education programs and ECELS health consultants; and (5) arrangements for health and safety training for caregivers, licensing staff, and health consultants for early childhood programs. Contact: Pennsylvania Chapter of the American Academy of Pediatrics, Rosemont Business Campus, Building 2, Suite 307, 919 Conestoga Road, Rosemont, PA 19010.

### **Minneapolis Department of Health, Health Promotion Nursing Services.**

In an extraordinary display of public commitment to promoting healthy child care, the Minneapolis

Department of Health employs 9 nurses to provide consultation and training to the city's more than 600 licensed family child care homes and center-based child care programs. The child care team also includes sanitarians, health educators, nutritionists, and a dentist. To ensure that their expertise is effectively used, the Greater Minneapolis Day Care Association (the local CCR&R agency) is a major partner in the program. Funded through the Health Department's budget since the mid 1970s, the program has evolved through a steady stream of requests from child care providers who felt entitled to the same level of public health consultation as that given to the school system. Today, each monthly visit from a nurse ensures that caregivers and directors receive immediate responses to their health questions, and individualized consultation on issues such as appropriate diapering and sanitation procedures, safe playground and indoor equipment, and proper handling of medications. Family child care homes receive the service free of charge; centers pay a modest fee of \$180 per year. Contact: 2021 E. Hennepin, Suite 230, Minneapolis, MN 55413.

### **Healthline, California Child Care Health Program.**

The Healthline provides health and safety information to child care providers, the families they serve, and related professionals. Staff respond to inquiries concerning infectious disease, health promotion, lead poisoning prevention, health and safety housing requirements, and many other issues. The California Child Care Program has several other projects including the Child Care Health and Safety Consultation Service, which provides health and safety assessment, training, information, and resources to child care centers in San Francisco. Contact: California Child Care Health Program, 1212 Broadway, Suite 904, Oakland, CA 94612.



### **Satilla Child Care Resource and Referral Agency, Inc.**

In 1995, Satilla Child Care Resource and Referral Agency (SCCRRA) held four 2-hour sessions on controlling disease and detecting illness in child care settings. In addition to presenting agency training programs, SCCRRA informs providers of other training opportunities through a newsletter and monthly telephone updates. Health and safety aspects are addressed during SCCRRA training sessions, presented in the conference programs, and included in the session "How to Start an FDC Home." SCCRRA has also conducted onsite training sessions for child care centers. The resource and referral agency has presented a 4-hour training program that included health and safety information for unregulated providers (relative care) for the Department of Family and Children's Services. Through a lending library, SCCRRA makes available videocassettes to providers on topics such as sanitation, disease control, and safety. Contact: Satilla Child Care Resource and Referral Agency, 201 State Street, Suite 200, Waycross, GA 31501-3552.

## Resources

- ★ **Aronson SS, Smith H, Fiene R, Melnick SA. 1991. *Center-Based Early Childhood Program: Early Childhood Education Linkage System Evaluation Instrument*. Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics. 70 pp.**

This questionnaire is to be completed by a child care center to assess its health and safety program and identify problems for correction. The questionnaire includes questions about staff turnover and illness; parent relations and communication; nutrition; first aid; sanitation and poisoning; transportation; care of ill children; water safety; and recordkeeping. Part of the questionnaire includes a physical inspection of the site. This instrument was used to gather data by the Early Childhood Education Linkage System (ECELS) project of the Pennsylvania Chapter of AAP. The instrument is part of the Early Childhood Health Promotion Project's final report on ECELS. Contact: National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington VA 22201-2617. (703) 524-7802.

- ★ **California Child Care Health Program and San Diego County Consortium. 1991. *Tools for Effective Training*. San Diego, CA: California Child Care Health Project, San Diego State University. 65 pp.**

This package of training tools is directed toward instructors who offer health and safety education for child care providers. The trainer is challenged to carefully plan and present the workshop with the goal of maximum practical application for each participant. Featured topics include preparing for sessions, presenting materials effectively, and closing a session. Practical teaching tips are also included, together with excerpts from the California Child Care Health Project Orientation Manual. Contact: California Child Care Health Project, Graduate School of Public Health, San Diego State University, 6505 Alvarado Road, Suite 205, San Diego, CA 92120. (619) 594-3728.

- ★ **The Soap and Detergent Association. 1990. *The ABCs of Clean: A Handwashing and Cleanliness Education Program*. New York: The Soap and Detergent Association.**

The ABCs of Clean program strives to educate preschool children, their teachers, and parents. Children's materials include a storybook, two posters, matching game, take-home story, and an audiocassette featuring three songs and a story. Materials for teachers and parents include a videotape (1/2-inch VHS), teacher's guide, and take-home material for parents. All program materials focus on handwashing and surface cleaning to help reduce the spread of infectious disease. Developed in conjunction with the Head Start Bureau and the U.S. Public Health Service, the program was designed for use in Head Start and preschool classrooms, in-home training, and training for child care workers. The program is now being used by health professionals, educators, home economists, child care workers, and others interested in the health of young children and families. Contact: The Soap and Detergent Association, 475 Park Avenue South, New York, NY 10016. (212) 725-1262.

# 10 Action Step Ten

## Assess and promote the health, training, and work environment of child care providers.

A healthy child care setting and continuing education in the health and safety of children and staff can help providers in meeting day to day challenges. Avoiding back injury, reducing risk of infectious disease, and scheduling adequate rest breaks can enhance job satisfaction and the overall well-being of child care providers. Healthy staff provide the best care for children.

### Strategies for Implementing Action Step Ten

#### First Steps:

- ★ Train child care providers in methods of reducing infectious disease. Example: Practice proper techniques for handwashing and for diaper disposal.
- ★ Disseminate information to child care providers on recommended working conditions (child-staff ratios, breaks).
- ★ Provide information to staff on the hazards of smoking and on local smoking cessation programs.
- ★ Provide information to pregnant child care providers concerning recommendations for working in child care programs during pregnancy.
- ★ Provide information to child care providers concerning occupational hazards and measures to reduce these hazards. Example: Train providers on using the proper posture when lifting and carrying children, in order to reduce leg and back injuries.
- ★ Incorporate aerobic activities in the child care curriculum. For example, schedule 15–20 minutes of aerobic/fitness activities for providers and children each day.
- ★ Provide adult-size furniture for child care providers.

#### Use Partnerships to Enhance Systems:

- ★ Train providers to control infection by treating all human blood and certain body fluids as if known to be infectious for HIV, HBV, and other blood-borne pathogens (Universal Precautions).
- ★ Provide information to health care providers concerning health challenges in child care settings. Example: Inform providers about the health screenings needed and the health hazards to which they are exposed.
- ★ Offer low-cost safety training programs for child care providers.
- ★ Develop personnel policies regarding paid sick leave, vacation, and health benefits for child care providers.
- ★ Offer stress management workshops and training materials for child care providers, or provide information on such resources in your community.
- ★ Recognize the contribution of child care providers to the community. Example: Produce a promotional newsletter or articles, and plan a “recognition day.”
- ★ Work to ensure mentoring and adequate compensation for child care providers.

## Examples

### **Seattle-King County Department of Public Health.**

This public health department offers a wide range of services for licensed child care facilities in Seattle and King County. The goal of the Child Care Public Health Program is to protect and promote the health of children by educating children, parents, and staff concerning how to prevent injuries and disease and how to foster a healthy environment for positive growth and development. Health education programs are one of the services offered by the Department of Public Health and the City Child Care Health Team. These education programs include a range of topics such as stress management for child care providers, back injury prevention, and strategies for promoting healthy self-esteem in adults. The burnout prevention and stress management program consists of two parts—recognizing symptoms of burnout and the burnout cycle, and nurturing the individual and keeping healthy. The back injury prevention program focuses on preventing injury by exercising and by modifying the environment. The program has adapted an occupational safety slide show, applying the lessons to early childhood settings where staff constantly bend, lift, and sit in small chairs and on the floor. The self-esteem promotion program presents key factors influencing self-esteem, with group discussion about how self-esteem affects the ability of adults to relate positively to children. Contact: Seattle-King County Department of Public Health, 2124 Fourth Avenue, Seattle, WA 98121.

### **The California Child Care Health Program (CCHP).**

This program provides outreach and education on child care and safety. The program offers a toll-free telephone number with information on all aspects of staff health. The public health nurse, mental health consultant, and physician on staff answer and research questions. CCHP also offers training to the child care community on “Hot Topics in Health and Safety,” informing those working with young children about subjects such as adult immunization needs, safeguards for those of childbearing age, procedures that help prevent back and other injuries, modeling of appropriate preventive health practices, and guidelines for seeking substitute staff for health reasons. CCHP believes that staff health issues must be incorporated in all health and safety outreach and education. Without healthy staff, a child care setting cannot provide a healthy program for children and their families. Contact: California Child Care Health Program, 1212 Broadway, Suite 904, Oakland, CA 94612.



## Resources

- ★ **McCracken JB. 1993. *Keeping Healthy: Parents, Teachers, and Children*. Washington, DC: National Association for the Education of Young Children. 2 pp.**

This pamphlet presents five steps that parents and group child care providers can follow to prevent communicable disease: (1) Prevent the spread of germs; (2) require certain immunizations; (3) report illness; (4) exclude (for health reasons) some children, staff, or parents (guidelines for illnesses requiring exclusion); and (5) be prepared. The pamphlet presents detailed instructions and illustrations on how to carry out each step. The same information is available in poster format for easy reference. Contact: National Association for the Education of Young Children, 1509 16th Street, N.W., Washington, DC 20036-1426. (202) 328-2604.

- ★ **Maryland Committee for Children, Inc. 1994. *Protecting Child Care Center Employees from Exposure to Bloodborne Pathogens: A Guide for Developing a Comprehensive Exposure Control Plan*. Baltimore, MD: Maryland Department of Human Resources/Child Care Administration. 45 pp.**

This manual explains how the Bloodborne Pathogen Standard affects owners and administrators of child care centers in Maryland. The standard, developed by the U.S. Occupational Safety and Health Administration, was adopted by the State of Maryland; it is designed to protect employees from exposure to bloodborne pathogens such as HIV and hepatitis B. It requires owners and administrators of child care centers to formulate exposure control plans and train their employees to avoid exposure. The manual presents the standard, suggested steps for compliance, a sample plan with forms, suggested precautions and procedures, and a list of resource organizations. Contact: Maryland Committee for Children, Inc., 608 Water Street, Baltimore, MD 21202-4079. (410) 752-7588.

- ★ **National Center for Education in Maternal and Child Health. 1992. *MCH Program Interchange: Focus on Training Materials for Early Childhood Health*. Arlington, VA: National Center for Education in Maternal and Child Health. 18 pp.**

This annotated bibliography lists training materials such as books, journals, posters, brochures, and kits addressing early childhood health issues such as well-child care, immunizations, safety information, and mental health. Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. (703) 821-8955.

- ★ **Neal MB, Chapman NJ, Ingersoll-Dayton B, Emlen AC. 1993. *Balancing Work and Caregiving for Children, Adults and Elders*. Newbury Park, CA: Sage Publications. 292 pp.**

This book explores how employees with caregiver roles juggle the responsibilities of work and family. The authors consider multiple factors contributing to stress and work-related outcomes (such as absenteeism, review policies, benefits, and services) from the perspectives of the employee and the employer; analyze methods for assessing employee needs; and provide recommendations for national and local policies. Contact: Sage Publications, P.O. Box 5084, Newbury Park, CA 91359-9924. (805) 499-9774.

- ★ **Bellm D. 1994. *Breaking the Link: A National Forum on Child Care Compensation*. Washington, DC: National Center for the Early Childhood Workforce. 36 pp.**

This book identifies successful programs to increase salary levels in the child care profession, create partnerships between employees and parents, and develop funding options. Contact: National Center for the Early Childhood Workforce, 733 15th Street, N.W., Suite 1037, Washington, DC 20005-2112. (202) 737-7700.



CMS LIBRARY



3 8095 00013553 9